

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-033800

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

1000

Registrar's No.

1044

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN St. Joseph

Length of stay in 1b
unknown

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Wilson Nursing Home

Inside Limits
Yes ☒ No ☐

611 N. 11th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Buchanan

c. CITY OR TOWN St. Joseph

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS 1023 1/2 Charles

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

DAVID

J.

HENDERSON

4. DATE OF DEATH

Month Day Year
September 11, 1962

5. SEX

male

6. COLOR OR RACE

white

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

12/28/1871

9. AGE (last birthday)

90

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
retired conductor

10b. KIND OF BUSINESS OR INDUSTRY
Railroad Company

11. BIRTHPLACE (City and state or country)
unknown

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

David Henderson

13b. MOTHER'S MAIDEN NAME

Nancy Lewis

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
no

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Lawrence Morse Kansas City, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Pneumonia, hypostatic

INTERVAL BETWEEN ONSET AND DEATH

*4 days
spasms
2 weeks*

DUE TO (b)

A. S. H. D. with decompensation

DUE TO (c)

Chronic asthma & emphysema

years

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Osteoarthritis, severe, generalized

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from *Jan 1958* to *date* and last saw him alive on *8 Sept 1962*
Death occurred at *10:00 p.* m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

William C. McDonald, M.D.

22b. ADDRESS

301 N. 8th St. St. Joseph, Mo

22c. DATE SIGNED

13 Sept 62

23a. BURIAL, CREMATION, REMOVAL (Specify)
burial

23b. DATE
9/15/1962

23c. NAME OF CEMETERY OR CREMATORY
Ashland Cemetery

23d. LOCATION (City, town, or county)
St. Joseph Missouri

24. FUNERAL DIRECTOR

ADDRESS

Winton Bowman, St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

Sept. 17, 1962

26. REGISTRAR'S SIGNATURE

Wm. Clark Goodell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

W.P.McDonald, M.D.

SEP 25 1962

OCT 11 1962

Permitted 9/13/62

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Spalding

Licensed Embalmer No. 4530

P. O. Address Joseph 2nd

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.